


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90133 048 \*\*\*\*61.25

**DOCUMENT # 703886**

1. Entity Name  
**JEFFERSON COUNTY HISTORICAL ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**N JEFFERSON ST  
MONTICELLO FL 32345  
US**      **P.O BOX 496  
MONTICELLO FL 32345  
US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-6153432**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LINN, BIRNEY  
1672 EAST WASHINGTON STREET  
P.O BOX 335  
MONTICELLO FL 32345**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LINN, BIRNEY</b>	
STREET ADDRESS	<b>HWY 908, P.O. BOX 335</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32345</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>DARY LENE, CONNTS</b>	
STREET ADDRESS	<b>P.O. BOX 401</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32345</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>COUNTS, BILL</b>	
STREET ADDRESS	<b>PO BOX 401</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32345</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BRINSON, BEULAH</b>	
STREET ADDRESS	<b>RT 2 BOX 140</b>	
CITY-ST-ZIP	<b>MONTICELLO FL 32344</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Birney Linn **REQUIRE SIGNATURE** **LINN**      4-23-03      850-997-3265

60022737



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)